



STANDARD BRED PLEASURE & PERFORMANCE
HORSE ASSOCIATION of WESTERN AUSTRALIA Inc.

6 Gladstone Drive
SERPENTINE, WA 6125
T: 0400 656 288

Email: spphawa@hotmail.com
Website: www.spphawa.org

Checklist for Membership Forms

- Renewal or New Membership Form – Page One
 - Annual Commonwealth Waiver
 - Annual Western Australia Waiver
 - Confidential Medical History Form
 - Photographic Release Form
 - Parental Consent Form (If required)



Standardbred Pleasure &
Performance Horse Association
of Western Australia Inc

6 Gladstone Drive
SERPENTINE, WA 6125
T: 0400 656 288
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**APPLICATION FOR
MEMBERSHIP**

(Effective 01.08.2017)

NEW MEMBER

Please read notes on reverse, then complete section A, B, C, D, E, F or G. print carefully and sign. Correct fee must accompany application.

Forms can be emailed to spphawa@hotmail.com Please provide payment receipt together with application

Payment via EFT: SPPHAWA Inc BSB: 633-000 Account #: 128 881 497 Payment REF: MEMBER_YourSurname

I hereby apply for a new membership of the Standardbred Pleasure & Performance Horse Association of Western Australia Inc. and agree during the period of my membership, to abide by and be bound by the Rules & Regulations of the Association.

- A. INDIVIDUAL MEMBER – Fee \$50**
- B. SUBSCRIBER MEMBER – Fee \$25**
- C. JUNIOR MEMBER – Fee \$40**
- D. FAMILY MEMBERSHIP – 2 x Senior Members, 2 x Junior Members \$170**
- E. FAMILY MEMBERSHIP – 1 x Senior Member, 2 x Junior Members \$120**
- F. FAMILY MEMBERSHIP – 2 x Senior Members \$90**
- G. FAMILY MEMBERSHIP – 1 x Senior Member, 1 x Junior Member \$80**

SURNAME		ALL OTHER NAMES	
Mr.	Mrs.	Miss.	Ms.
POSTAL ADDRESS:			
SUBURB:		POST CODE:	
TELEPHONE:		MOBILE:	
EMAIL ADDRESS:			
DATE OF BIRTH:			
MEMBER 2			
NAME		DATE OF BIRTH:	
MEMBER 3			
NAME		DATE OF BIRTH:	
MEMBER 4			
NAME		DATE OF BIRTH:	
EMERGENCY CONTACT			
NAME		MOBILE:	
RELATIONSHIP:			

Do you hold a current First Aid Certificate? (Please circle): YES NO

Personal Details to remain CONFIDENTIAL (Please circle): YES NO

Do you have horses registered with SPHAWA: (Please circle): YES NO

Please list (SPPHAWA registered name);
* _____
* _____

Have you sold or had a SPPHAWA registered horse pass away since it was registered? (Please circle): YES NO

Please list;
* _____
* _____

Signature: _____

Date: _____

If under 18;

Parents/ Guardian Signature: _____

OFFICE USE ONLY

DATE MEMBERSHIP RECEIVED AND APPLIED:

/	/
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PAID BY: CASH [] CHEQUE [] MONEY ORDER [] EFT []

MEMBERSHIP NUMBER ALLOCATED:

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APPLICATION FOR MEMBERSHIP

(Effective 01.08.2017)

NEW MEMBER

NOTES:

PLEASE READ CAREFULLY BEFORE COMPLETING INDIVIDUAL/SUBSCRIBER MEMBERSHIP APPLICATION

Effective 01.08.17

1. MEMBERSHIP YEAR:

This covers the period from the 1st August to 31st July.

2. ENTITLEMENTS

Individual Member: A financial Individual Member is entitled to show as many horses throughout the year and be eligible for trophies and awards subject to a registration being in place for each horse with the Association. They may attend any meeting throughout the year and attend and vote at the Annual General Meeting.

The holder of an Individual membership will be entitled to Insurance cover and discounted entry fees at any event run by the Standardbred Pleasure & Performance Horse Association or Western Australia Inc. (SPPHAWA Inc.). All non-members will be charged a day insurance levy at each show attended and higher entry fees.

Subscriber Member: A financial Subscriber Member is entitled to attend any meeting throughout the year and also attend and vote at the Annual General Meeting.

A subscriber member is not entitled to show any horses or participate at any show held by SPPHAWA Inc. at membership rates as they are not covered by insurance with this fee.

Junior Member: Please see "Individual Member". Junior members are not permitted to vote at an AGM

Family Member: Please see "Individual Member". Details are the same.

Family membership is for immediate family only – Husband/Wife, Parent/Child, Siblings

3. CLAIMING TO BE A MEMBER

No person(s) have the right to claim membership of the Association until such time as being notified in writing by the Secretary of the Association's approval of the application. Points will only be awarded at nominated point shows from the time (a) the person becomes financial and (b) the horse in question is registered with SPPHAWA Inc.

4. SPPHAWA Inc. NEWSLETTERS/BULLETINS

Membership subscription entitles financial members to receive copies of the monthly news bulletin released after each committee meeting and the quarterly newsletter during the currency of a person's membership. Every effort will be made to automatically supply new members with relevant back issues of this newsletter/bulletin, but this is subject to availability of copies.

5. ASSOCIATIONS MEMORANDUM, ARTICLES AND REGULATIONS

A copy of these documents are available on the website for viewing and we suggest you read through to know what is acceptable. These can also be supplied immediately on request to applicants at no charge.

6. CHANGE OF ADDRESS

If you change your address at any time, please notify the Association as soon as you can, otherwise you may miss out on receiving mail and newsletters. If you have any queries or require further information on membership or dealing with the Association's Register, please do not hesitate to phone or write to the Association's Secretary.



Annual Commonwealth Waiver – Members

To be signed by those over 18 years

Risk warning and acknowledgement

Your participation in the recreational activities supplied by Standardbred Pleasure & Performance Horse Association of Western Australia Incorporated (SPPHAWA) may involve risk.

For Example: Any equestrian event that is run by SPPHAWA

The risks involved may result in personal injury including death. Prior to undertaking any such recreational activity, you should ensure you are aware of all the risks involved, including those risks associated with any health condition you may have.

By signing below, you acknowledge, agree and understand that participation in the recreation services provided by SPPHAWA may involve risk. You agree and undertake any such risk voluntarily and at your own risk.

Exclusion, restriction or modification of rights under the Australian Consumer Law (Commonwealth)

Under the Australian Consumer Law (Cth), statutory guarantees apply to the supply of certain good and services, including recreational activities.

It is possible for a supplier to ask you to agree that these statutory guarantees do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier because services provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

By signing below, you agree that the liability of SPPHAWA for any:

- death;
- physical or mental injury (including the aggravation, acceleration or recurrence of such an injury);
- the contraction, aggravation or acceleration of disease;
- the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behavior, course of conduct or state of affairs:
 - that is or may be harmful or disadvantageous to you or the community
 - that may result in harm or disadvantage to you or the community,

that may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of recreational services is excluded.

To the extent that the *Competition and Consumer Act 2010 (Cth)* applies this exclusion does not apply to significant personal injury caused by reckless conduct of SPPHAWA.

Name of participant: _____ Season: _____

Signature: _____

Date: _____

Signature of witness: _____

Name and address of witness: _____



Annual Western Australia Risk warning and Waiver - Members

To be signed by those over 18 years

Risk warning and acknowledgement

Your participation in the recreational activities supplied by Standardbred Pleasure & Performance Horse Association of Western Australia Incorporated (SPPHAWA) may involve risk.

For Example: Any equestrian event that is run by SPPHAWA

The risks involved may result in personal injury including death. Prior to undertaking any such recreational activity, you should ensure you are aware of all the risks involved, including those risks associated with any health condition you may have.

By signing below, you acknowledge, agree and understand that participation in the recreation services provided by SPPHAWA may involve risk. You agree and undertake any such risk voluntarily and at your own risk. You also acknowledge that the risk warning above constitutes a 'risk warning' in accordance with the *Civil Liability Act 2002 (WA)*.

Exclusion, restriction or modification of rights under the Australian Consumer Law (WA)

Under the Australian Consumer Law (WA), statutory guarantees apply to the supply of certain goods and services, including recreational activities.

It is possible for a supplier to ask you to agree that these statutory guarantees do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier because services provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

By signing below, you agree that the liability of SPPHAWA for any harm, including:

- death;
- physical or mental injury (including the aggravation, acceleration or recurrence of such an injury);
- the contraction, aggravation or acceleration of disease;
- the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behavior, course of conduct or state of affairs:
 - that is or may be harmful or disadvantageous to you or the community
 - that may result in harm or disadvantage to you or the community,

that may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of recreational services is excluded.

To the extent that the *Civil Liability Act 2002 (WA)* applies this exclusion does not apply to liability resulting from an act done or omission made with reckless disregard, with or without consciousness, for the consequences of the act or omission.

Name of participant: _____ Season: _____

Signature: _____

Date: _____

Signature of witness: _____

Name and address of witness: _____

Helmet Information (Please attach a picture of the manufacturer's tag to this form)

Date of manufacture: _____ Brand: _____

Serial Number: _____



Confidential Medical History Form

Member/Participant Name: _____ Contact Number: _____

Over 18 (Tick Box) Age: _____ (If Under 18)

In case of emergency the following information is intended to assist:

Name and telephone number of contact people **Legal guardian details must be provided if member/participant is under 18 years of age

Emergency contact name	Relationship to mem/par	Mobile	Home	Work

Have you (or your child) been diagnosed with any of the following? NO (Please tick if applicable)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy/Fits	<input type="checkbox"/> Fainting	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Disability	<input type="checkbox"/> Back Injury
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Blood Condition	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Migraines	<input type="checkbox"/> Uneven Pupils	<input type="checkbox"/> Medications
<input type="checkbox"/> Allergic Reactions	<input type="checkbox"/> Recent Injury	<input type="checkbox"/> Autism	Other(Please describe)			

Allergies

Please describe allergy & reaction: _____

Tetanus Immunization

It is particularly important that people dealing with horses are immunized against tetanus. Tetanus is normally given at five years of age as a Triple antigen or CDT and at fifteen years of age as ADT. Year of last tetanus immunization: _____

Medication

Is it necessary for you or your child to carry their own medication at all times? _____

Name of Drug: _____ Frequency: _____ Dosage: _____

(If more than one please attach a separate sheet)

Consent to Medical Attention:

I authorize the SPPHAWA First Aid Officer to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

Signature of Member/Participant: _____ Date: _____

Signature of Legal Guardian (if member/participant U/18)

_____ Date: _____

Privacy Statement – Privacy Act 1998

By completing this statement you are supplying **the Provider** with personal information about yourself. This information is needed to ensure your safety during your participation at a SPPHAWA event. **The provider** is required to collect this information by our insurance company and by the department of Workplace Health and Safety. The information you provide will not be supplied to any other organization or used for any other purpose than that which is stated above.



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PHOTOGRAPHIC CONSENT & RELEASE FORM

I hereby consent and agree that the Standardbred Pleasure and Performance Horse Association Inc. has the right to take or use photographs of me (and/or my horse/s) and to use these in any and all media worldwide including online, now or hereafter known, and for any purpose whatsoever.

I hereby release to the Standardbred Pleasure and Performance Horse Association Inc. all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____ Phone: _____

Signature: _____

Parent/Guardian Name: _____
(If under 18)

Parent/Guardian Signature: _____

By signing I agree that I have read and understood the foregoing statement on behalf of the minor and am the legal parent/guardian of the above minor.



S P P H A W A

Parental Consent and Indemnity

(To be completed where a participant is aged under 18 years)

Name of Participant: _____

Type of Activity: Any equestrian event that is run by SPPHAWA

Dates of participation – From _____ to _____

(Season dates)

This document is a deed poll in favour of Standardbred Pleasure and Performance Horse Association of WA Inc. (SPPHAWA) and its officers, representatives and volunteers (**Personnel**)

I, the undersigned, am over 18 years of age and am a parent or legal guardian of the above named participant. (**Participant**)

I consent to the Participant attending Supplier run events (the **Centre**) for the activities described above, including participating in the events and activities offered by the Supplier in connection with it (**Activities**).

I acknowledge and agree:

- that the Participant and I have read and understood the Centre’s rules and any other rules applying to the Activities;
- that due to the nature of the activities risks may arise during these, including the risk of Personal injury (as defined below);
- that SPPHAWA and its Personnel would be unable to feasibly operate the Centre if they were liable for such risks; and
- that the Participant attends the Centre and participates in all the Activities at my own risk.

I indemnify SPPHAWA and each of its Personnel against any and all losses, costs, damages, expenses and liabilities (including legal costs on a full indemnity basis) sustained or incurred by the SPPHAWA or any of its Personnel in connection with

- any claim, action, demand or proceedings (whether based in contract, tort (including negligence) or otherwise) by any person in relation to any Personal Injury occasioned by the Participant at, or as a result of, the Centre, or in the course of, or as a result of, any activities;
- any failure of the Participant to follow any rules of the Centre or any directions given by the SPPHAWA or its Personnel; or
- any act or omission of the Participant at the Centre or in the course of any Activities which causes or contributes to Personal Injury to any person.

In this deed poll, a reference to **Personal Injury** includes: death; physical or mental injury (including the aggravation, acceleration or recurrence of such an injury); the contraction, aggravation or acceleration of disease; the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behavior, course of conduct or state of affairs:

- that is or may be harmful or disadvantageous to the person who suffers it or the community, or
- that may result in harm or disadvantage to the person who suffers it or the community.

I agree that in the event of the Participant being involved in an accident, becoming ill, or otherwise requiring medical treatment or care, the SPPHAWA or its Personnel may, in their absolute discretion, obtain medical treatment for the participant and that I must pay all expenses incurred in obtaining such medical treatment or care.

Signed, sealed and delivered as a deed poll
by parent or guardian of Participant who is under 18 years:

Signature: _____ Date: _____

Name (print): _____ Telephone: _____

Address: _____